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January 7, 2009

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Ms Vickie L. Prather, Acting Supervisor
KY Division of Water
Surface Water Permits Branch
14 Reilly Road
Frankfort, KY 40601

RE: Application to renew KPDES Permit for Smith's Grove BP Travel
Center, LLC

Dear Ms Prather:

On behalf of our client, we are submitting the attached application to renew the KPDES Permit (Permit Number KY0095125) for Smith's Grove BP Travel Center. Form 1 and Short Form SC are signed by Mr. Dennis Rigsby, the facility's Operations Manager and are attached. A check for \$1,000.00 is enclosed to cover the application fee. Also included is a USGS Quadrangle map showing the location of the site.

We believe that all information required for the renewal of the permit is included, but if you have any questions, please do not hesitate to contact me at 270-781-4945.

Sincerely,

George W. Pickard, P.E.
General Manager, TPM, Inc.

Enclosures

Cc: Dennis Rigsby, Smith's Grove BP Travel Center

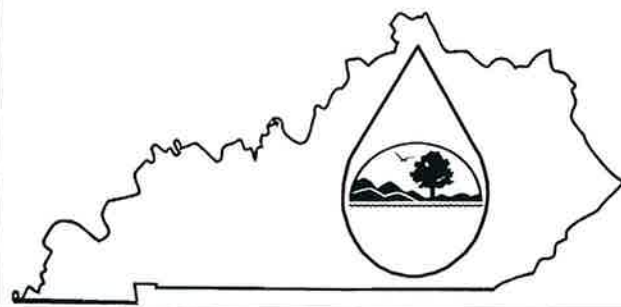
KPDES FORM 1

AZ# 4/36

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

OK 1000 -

| | | | |
|---|--|--|---------|
| I. FACILITY LOCATION AND CONTACT INFORMATION | | AGENCY USE | 0095125 |
| A. Name of business, municipality, company, etc. requesting permit SMITH'S GROVE BP TRAVEL CENTER, LLC | | | |
| B. Facility Name and Location | | C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different. | |
| Facility Location Name: SMITH'S GROVE BP TRAVEL CENTER, LLC | | Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> DENNIS BIGSBY | |
| Facility Location Address (i.e. street, road, etc., not PO Box): 605 SOUTH MAIN ST. | | Mailing Address: P.O. Box 188 | |
| Facility Location City, State, Zip Code: SMITH'S GROVE KY 42171 | | Mailing City, State, Zip Code: SMITH'S GROVE KY 41271 | |
| | | Facility Contact Telephone Number: 270-563-4713 | |

| | | | |
|---|------|--|--|
| II. FACILITY DESCRIPTION | | | |
| A. Provide a brief description of activities, products, etc: AUTO/TRUCK FUELING STATION W/ TRUCK WASH TIED INTO SEWER | | | |
| B. Standard Industrial Classification (SIC) Code and Description | | | |
| Principal SIC Code & Description: | 5541 | | |
| Other SIC Codes: | | | |

| | |
|---|--|
| III. FACILITY LOCATION | |
| A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) | |
| B. County where facility is located: WARREN | City where facility is located (if applicable): SMITH'S GROVE |
| C. Body of water receiving discharge: SINK HOLE | |
| D. Facility Site Latitude (degrees, minutes, seconds): 37° 2' 40" NORTH | Facility Site Longitude (degrees, minutes, seconds): 86° 12' 34" WEST |
| E. Method used to obtain latitude & longitude (see instructions): TOPO MAP COORDINATES | |
| F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): | |

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

NA

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0095125

Issue Date of Current Permit:

8/31/04

Expiration Date of Current Permit:

8/31/09

Number of Times Permit Reissued:

THIS WILL BE 4th ISSUANCE

Date of Original Permit Issuance:

1/16/96

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH PLANNED APPLICATION DATE |
|--|--------------------------|--|
| Air Emission Source | | |
| Solid or Special Waste | | |
| Hazardous Waste - Registration or Permit | | |

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

DENNIS BIGSBY

DMR Official Telephone Number:

270-563-4713

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

SMITH'S GROVE BP

DMR Mailing Address:

P.O. Box 188

DMR Mailing City, State, Zip Code:

SMITH'S GROVE KY 42171

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Now - PROCESS INDUSTRY

Filing Fee Enclosed:

\$ 1,000

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐

DENNIS RIGSBY

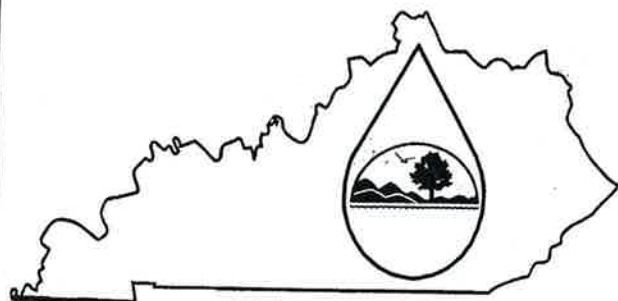
270-563-4713

SIGNATURE

DATE:

Dennis Rigby

1-12-09



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

| | | | | | | | | | | |
|---|--|--|--|---|------------|--|--|---------------|--|--|
| NAME OF FACILITY: SMITH'S GROVE BP TRAVEL CENTER, LLC | | | | | | | | | | |
| I. FACILITY DISCHARGE FREQUENCY | | | | | AGENCY USE | | | 0 0 9 5 1 2 5 | | |
| A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.) | | | | | | | | | | |
| B. How many days per week? | | | | 7 | | | | | | |
| II. A. Give the basis of design for sizing of the wastewater facility (see instructions): N/A | | | | | | | | | | |
| B. If new discharger, indicate anticipated discharge date: | | | | | | | | | | |
| C. Indicate the design capacity of the treatment system: | | | | | MGD | | | | | |

III. Outfall Location (see instructions)

| Outfall (list) | LATITUDE | | | LONGITUDE | | | RECEIVING WATER (name) |
|-------------------|----------|---------|---------|-----------|---------|---------|------------------------|
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | |
| 001 | 37 | 02 | 40 | 86 | 12 | 34 | SINKHOLE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|---|---------------------------|
| Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.) | USGS TOPO MAP COORDINATES |
|---|---------------------------|

| IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions) | | | | |
|---|---|------------------------------------|---------------------------|----------------------------|
| If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2. | | | | |
| OUTFALL NO. (list) | OPERATION(S) CONTRIBUTING FLOW | | TREATMENT | |
| | Operation (list) | Avg/Design Flow (include units) | List treatment components | List Codes from Table SC-1 |
| 001 | PARKING LOT (TRUCK STOP) FACILITY PAVED | — | N/A | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage) (TO POTW, NOT 001)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☒ Other (list): TRUCK WASH (TO POTW, NOT 001)

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
 ☒ Publicly-owned treatment works (POTW). Name of POTW: WARREN COUNT WATER DISTRICT
 ☐ Land application of Effluent
 ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
 ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

| | | | | | |
|------------------------------------|--|-----------------------------------|--|--|-----------|
| <input type="checkbox"/> Antimony | | <input type="checkbox"/> Copper | | <input type="checkbox"/> Silver | |
| <input type="checkbox"/> Arsenic | | <input type="checkbox"/> Lead | | <input type="checkbox"/> Thallium | |
| <input type="checkbox"/> Beryllium | | <input type="checkbox"/> Mercury | | <input checked="" type="checkbox"/> Zinc | 0.09 mg/l |
| <input type="checkbox"/> Cadmium | | <input type="checkbox"/> Nickel | | <input checked="" type="checkbox"/> IRON | 0.27 mg/l |
| <input type="checkbox"/> Chromium | | <input type="checkbox"/> Selenium | | | |

★ TRUCK WASH ONLY, METAL NOT REQUIRED FOR SW.

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

NA

(If bypass points are indicated, information below must be completed for each bypass.)

| | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| Check when bypass occurs: | <input type="checkbox"/> Wet Weather | <input type="checkbox"/> Dry Weather |
| Give the number of bypass incidents | per year | per year |
| Give average duration of bypass | hours | hours |
| Give average volume per incident | 1,000 gallons | 1,000 gallons |
| Give reason why bypass occurs: | | |

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

TOTAL POPULATION SERVED

| XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS <i>NA</i> | | |
|--|-------------|----------------------|
| Additive | Composition | Concentration (mg/l) |
| | | |
| | | |
| | | |

| XII. EFFLUENT CHARACTERISTICS | | | |
|--|------------------|------------------|-------------------|
| A. Indicate results of analysis for pollutants listed below. | | | |
| POLLUTANT/PARAMETER | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |
| BOD ₅ | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> |
| TOTAL SUSPENDED SOLIDS | <i>20 mg/l</i> | <i>20 mg/l</i> | <i>1</i> |
| FECAL COLIFORM | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> |
| TOTAL RESIDUAL CHLORINE | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> |
| OIL AND GREASE | <i>11.7 mg/l</i> | <i>11.7 mg/l</i> | <i>4</i> |
| CHEMICAL OXYGEN DEMAND | <i>NA</i> | <i>NA</i> | |
| TOTAL ORGANIC CARBON | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> |
| AMMONIA | <i>-</i> | <i>-</i> | <i>-</i> |
| DISCHARGE FLOW | <i>0.03 MGD</i> | <i>0.03 MGD</i> | <i>1</i> |
| PH | <i>7.16</i> | <i>7.16</i> | <i>1</i> |
| TEMPERATURE (WINTER) | <i>UNKNOWN</i> | <i>UNKNOWN</i> | |
| TEMPERATURE (SUMMER) | <i>UNKNOWN</i> | <i>UNKNOWN</i> | |

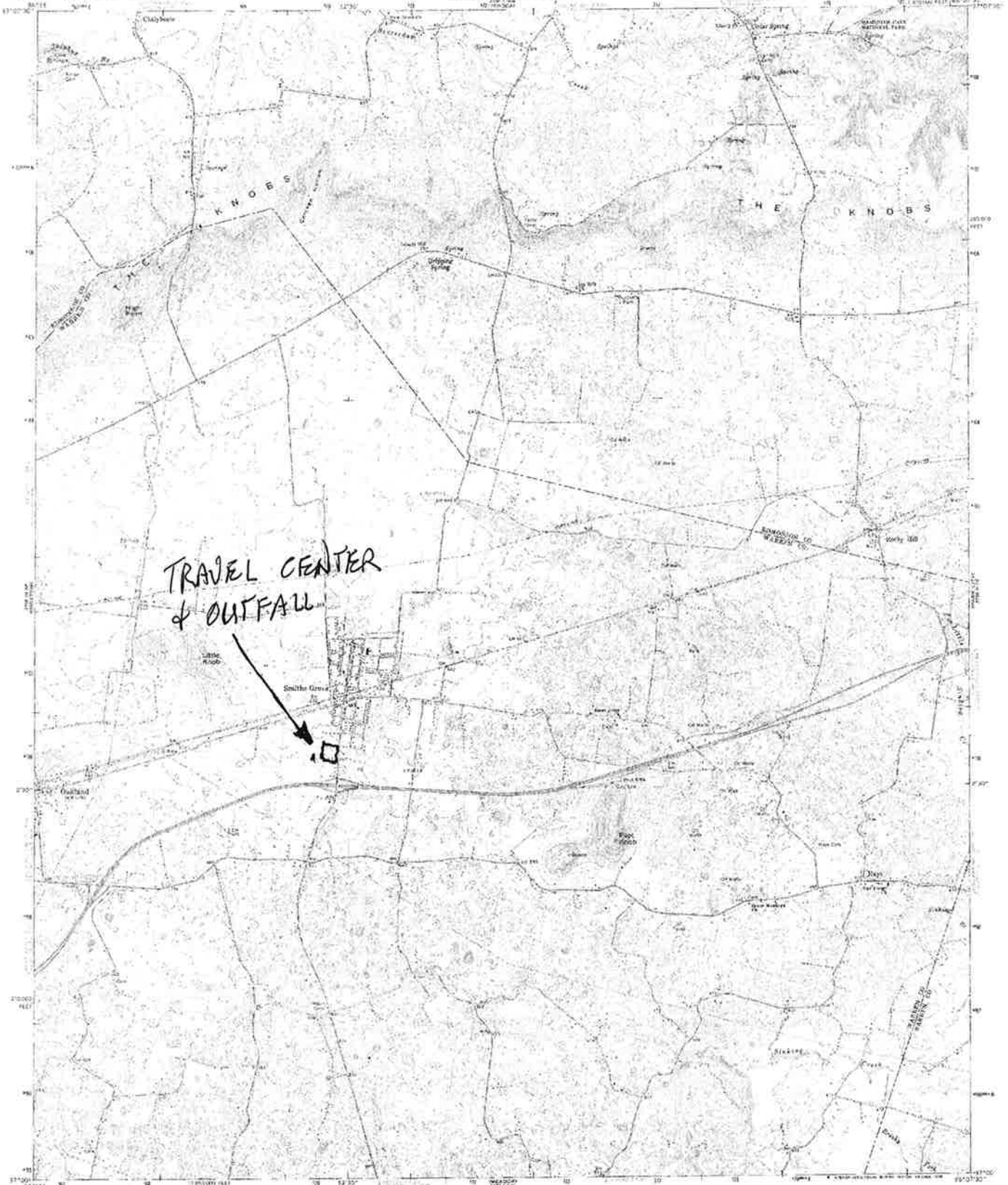
B. Frequency and duration of flow:

* SAMPLING WAS TAKEN DURING 11/14/08 STORM EVENT
FROM OUTFALL 001.
TRUCK WASH DISCHARGES CONTINUOUSLY TO POTW

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|--|---|
| NAME AND OFFICIAL TITLE (type or print): <i>DENNIS RIGSBY, OPERATIONS MANAGER</i> | TELEPHONE NUMBER (area code and number): <i>270-563-4713</i> |
| SIGNATURE <i>Dennis Rigby</i> | DATE <i>1-12-09</i> |



TRAVEL CENTER
& OUTFALL



ROAD CLASSIFICATION

| | |
|-------------------|--------------------------|
| Primary highway | Light duty road, hard or |
| hard surface | Improved surface |
| Secondary highway | Unimproved road |
| hard surface | U.S. Route |
| Interstate Route | State Route |

Produced by the United States Geological Survey
Compiled by USGS and KGS-AUG-88
Topography by photogrammetric methods from aerial photographs
taken 1953. Final checked 1974. Revised 1980
North American Datum of 1922 (NAD 22). Projection and
100,000 scale. Kentucky coordinate system, south zone
(unlabeled continental cone).
Zone 1500-meter Universal Transverse Mercator (UTM), zone 16
North American Datum of 1983 (NAD 83) is shown by dashed
cover ticks. The values of the 1941 and 1983
for 1.5 meter are the values are comparable from National Geologic
Survey (NGS) data.
There may be possible variations when the boundaries of
the National or State boundaries shown on this map.
If no red dashed lines indicate selected fence and field lines where
generally visible on aerial photographs. This information is unclassified.

COMPLIES WITH U.S. GEOLOGICAL SURVEY STANDARDS OF MINERAL ACTIVITY CLASS 2
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 20192
KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506
AND KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601
A FOLDER RESOURCES TOPOGRAPHIC MAPS AND BY MAPS IS AVAILABLE ON REQUEST

Revisions shown in purple and uncolored completed in
a cooperative effort with the State of Kentucky Agency for
aerial photographs taken 1993 other sources.
This information is not field checked. Map dated 1994.
Information shown in purple may not meet USGS content
standards and may conflict with previously mapped contours.

SMITHS GROVE, KY.
37086 A2 T1 024
1987
REVISED 1994
DATA 3708 6 24-0205 1994